Approved for use through 1/1 1/3000 CMB 0411-0033 PTO/SB/06(13-04) Under the Paperwork Reduction Act of 1895, no principle and required to respond to a collection of information undersit a displayer a year CMIR control tember. U.S. Perent and Trademark Office; U.S. DEPARTMENT OF COMIETICE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for form PTO-878 Bliechie December 8. 2004 120280 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EKIRA BASIC FEE RATE (\$) FEE BATE (\$1 TOTALINEL IN MICH PÉCIS H/A **FVA** 150,00 SEARCHFEE NIA 300,00 (3) OFA 1 16(N), 11, or 1m1 NA N/A NA \$250 E XAMINATION FEE NIA \$600 (37 CFR 1 1610) 101 & 1011 NA N/A NX \$100 TOTAL CLAIMS NA \$200 (37.CFR 1 16(d) MUNUS 20 . X\$ 25 X\$50 INDEPENDENT CLAIMS OR CAT CER I IGNI C sunim X100 X200 Of beene agriculture not soliced to the soliced to the soliced to the solice of the so APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$128 for small entity) for each additional 50 sheets or fraction thereof. See 137 CFR 116(4) 39 U.S.O. 41(a)(1)(Q) and 37 CFR 1:16(a) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16/11 +180= 4360m ti the difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 2) Column 1) (Column 3): OTHER THAN OR SMALL ENTITY CCXIMS HIGHEST ENTITY REMAINING NUMBER PRESENT RATE (1) AFTER MENOMENT 3/24/86 ADDI-PREVIOUSLY PAID FOR EXTRA RATE(\$) TIONAL FEE (1) AL CON LING TIONAL Minus 20 **FEE (1)** X\$ 25 X\$50 hospendent . OR Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLUM +180= +360a OR TOTAL TOTAL ADO'L FEF OR ADO'L FEE (Column 1) CLAIMS REMAINING (Column 2) (Column 3) HIGHEST NUMBER PRESENT RATE (\$) ADDI-TIOHAL FEE (1) AFTER. RATE (1) PREVIOUSLY EXTRA ADOI-TIONAL TEE(S) MENOMENT PAID FOR Total CHANGE Minus X\$ 25 XSSO troppendent . OR Minus X100 X200. Application 5 tx 640 (37 OFR 1.16(8)) OR first presentation of multiple dependent claim (st cfr 1.160) +180= 4860z ÓŔ TOTAL' TOTAL OR ADD'L FEE

If the entry in column 1 is been than the entry in column 2, write "o" in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

It the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For Total or Independent is the highest number found in the springeriate box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a baneful by the public which is to file (and by the PTO to plocess) an application. Confidentiality is potented by 35 U.S.Q. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding patheting, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case, Any committee in a survey of line you require to complete in this form and/or suppetions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: General science for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.